

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT**

[illegible]

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>5</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Administratively, these files are necessary to document payments made for public assistance.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) _____

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date												
<i>Nancy J. Howell</i>	<i>8/24/82</i>	<i>Paul P. Murphy</i>	<i>8/24/82</i>												
<p>Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)</p> <table border="1"> <thead> <tr> <th></th> <th>State Records Committee (Signature)</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>State Auditor/Designee</td> <td><i>Edward Wilson</i></td> <td><i>9-14-82</i></td> </tr> <tr> <td>Secretary of State/Designee</td> <td><i>Edward Wilson</i></td> <td><i>9-3-82</i></td> </tr> <tr> <td>Attorney General/Designee</td> <td><i>Edward Wilson</i></td> <td><i>10-20-82</i></td> </tr> </tbody> </table>					State Records Committee (Signature)	Date	State Auditor/Designee	<i>Edward Wilson</i>	<i>9-14-82</i>	Secretary of State/Designee	<i>Edward Wilson</i>	<i>9-3-82</i>	Attorney General/Designee	<i>Edward Wilson</i>	<i>10-20-82</i>
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STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. DATE OF FILING 10/31/75	2. INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	3. FOR RECORDS MANAGEMENT DIVISION USE Date Received: NOV 19 1975 Application No: 75-271 Date Completed: DEC 16 1975
4. AGENCY ADDRESS Department of Human Resources Division of Administration Public Assistance Control Unit 47 Trinity Avenue, Room 501-H Atlanta, Georgia 30334		5. PERSON IN CONTACT Nancy Howell 6. WORKING TITLE Staff Supervisor 7. TELEPHONE NO. 656-4485

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED

8. Earliest & Latest Dates of Series 1974 - Present	9. Exact Series Title Public Assistance Outstanding Check Listing Files
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10. What is the function of the office in which this record series is created?

The Division of Administration is responsible for providing administrative support to the Department. This includes general accounting services; budget development and management; general support services; data processing and management information systems; patient accounts services; and personnel services.

Accounting Benefits Payments - responsible for processing payments for benefits and services -- subsections are Medicaid-Nursing Homes, Medicaid-Other Expenses, Vocational Rehabilitation, Assistance Payments, and other benefits (Crippled Children, Cancer, Sterilization, Mat-Pak, Foster Homes, Cuban Refugees, etc.).

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to maintaining a listing of public assistance checks received from DOAS identifying checks that have not cleared the bank and have not been paid to Welfare clients during a monthly issuing period.

Included are computer listings identifying public assistance check number, client's name, date issued and related information.

Files are arranged chronologically by month.

ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers				1	2
Legal-size File Drawers	1	2	Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
				7	
				This Year's	Last Year's
				10	5
				1	0
			AVERAGE DAILY DIFFERENCE		

QUESTIONNAIRE Please an "x" in the proper column. If answer is "YES," please explain.

- | | | |
|---|-------------------------------------|-------------------------------------|
| | YES | NO |
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- | | | | | | |
|--|--|---|--|---|---|
| a. <input type="checkbox"/> STATE
LAW | b. <input type="checkbox"/> STATUTE OF
LIMITATION | c. <input type="checkbox"/> AUDIT
PERIOD | d. <input type="checkbox"/> FEDERAL
LAW | e. <input checked="" type="checkbox"/> ADMINISTRATIVE
DECISION | f. <input type="checkbox"/> HISTORICAL
VALUE |
|--|--|---|--|---|---|
- (Cite Law, Statute, or other reason for the retention requirement)

Reference Experience

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☒ FISCAL YEAR ☐ OTHER _____, then:

- ☒ Hold in the current files area 2 month(s)/ 2 year(s):
- ☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 1 year(s):
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Destroy immediately after cut-off.
- ☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William J. Medina</i>	11-10-75		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Nancy Howell</i>	11/10/75
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Major</i>	12-11-75
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Day</i>	12-10-76
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>M. J. Phelps</i>	12-12-71

STATE RECORDS
COMMITTEE



B.9
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		5. Working Title Staff Supervisor	6. Tel. No. 656-4485

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**STATE RECORDS
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